

**UTAH STATE LIBRARY FOR THE BLIND AND DISABLED
APPLICATION FOR FREE LIBRARY SERVICE -- INDIVIDUAL**

Please Type or Print Clearly

DATE _____

NAME _____
Last First Initial

MAILING ADDRESS _____ DAYTIME PHONE (____) _____
Street Area Code

City County State Zip Code

DATE OF BIRTH _____ SEX _____

Email Address: _____

Contact Person: Please indicate the name, address and phone number of someone we can contact in case we are unable to contact you (family member if possible):

Name Relationship

Address Daytime Phone

NOTICE: Records of recipients of Library of Congress reading material are confidential. By law, preference in lending of materials is given to veterans. Please check here if you have been honorably discharged from the armed forces of the United States. ____

EQUIPMENT

You must borrow a cassette player from the library in order to play the library's books on cassette. Check below if you wish to receive a cassette player and books on cassette.

____ **Talking books on cassette and a Cassette Player** (plays 1 7/8 ips, 15/16 ips, 2 track and 4 track cassettes).

Playback equipment and special attachments are supplied to eligible persons on extended loan. If this equipment is not being used in conjunction with recorded reading materials provided by the Library of Congress and its cooperating libraries, it must be returned to the Library for the Blind. An individual must borrow at least one book or magazine a year from the library to retain the use of borrowed equipment. Materials received from sources other than the library do not qualify for continuance of service.

Accessories such as amplifiers, remote controls, breath switches, extension levers, and pillowphones are available to patrons under special conditions. Contact the library for the application forms for these accessories or for more information.

SERVICE PREFERENCES

You may borrow books on cassette, in large print, or in braille. Please indicate your preferences, the number of books, and how often you want to receive them. These preferences may be changed at any time by calling the library.

____ **RECORDED CASSETTES**

- ____ Book(s) every ____ days
- ____ One book when one returned
- ____ Select titles for me from my
designated subject categories
- ____ Send only titles I request

____ **LARGE PRINT BOOKS**

- ____ Book(s) every ____ days
- ____ One book when one returned
- ____ Select titles for me from my
designated subject categories
- ____ Send only titles I request

____ **BRAILLE BOOKS**

- ____ Book(s) every ____ days
- ____ One book when one returned
- ____ Select titles for me from my
designated subject categories
- ____ Send only titles I request

If you require materials in languages other than English, please list the languages here:

MAGAZINES

A wide variety of magazines are also available on a free subscription basis. A list of the magazines available, as well as a brief description of the magazines are provided in large print and braille formats. Please check below if you would like a list of magazines available and indicate the format you would like to receive.

____ **Magazines in Braille**

- ____ Braille format
- ____ Large Print Format

____ **Magazines on Cassette and in Large Print**

- ____ Braille format
- ____ Large Print Format

SUBJECT CATEGORIES

If you wish to have books selected for you or if you wish to have books substituted when your requests are not available, please check at least six of the categories below. These categories can be changed at any time by calling the library.

Checking the subjects below will also help the library determine which catalogs will be sent to you upon receipt of your completed application.

Fiction

- ☐ 010 **Adventure & Spy Stories**
- ☐ 011 **Animal Stories**
- ☐ 041 **Best Sellers, Fiction**
- ☐ 061 **Classics, Pre-20th Century**
- ☐ 062 **Classics, 20th Century**
- ☐ 181 **Fantasy**
- ☐ 080 **Gothic**
- ☐ 100 **Historical Novels**
- ☐ 246 **Modern Stories**
- ☐ 140 **Mystery & Detective Novels**
- ☐ 161 **Occult & Supernatural**
- ☐ 570 **Pioneer Stories**
- ☐ 784 **Religious Fiction**
- ☐ 794 **Religion, LDS Fiction**
- ☐ 120 **Romance Novels**
- ☐ 180 **Science Fiction**
- ☐ 258 **Short Stories**
- ☐ 020 **Suspense Novels**
- ☐ 200 **War Stories**

- ☐ 220 **Western Stories**
- ☐ 280 **Young Adult Novels**
- ☐ **Children's Literature**
(Reading Level _____)

Nonfiction

- ☐ 042 **Best Sellers, Nonfiction**
- ☐ 440 **Biographies** (General)
- ☐ 523 **Biographies** (Actors/Actresses)
- ☐ 480 **Business**
- ☐ 500 **Government & Politics**
- ☐ 543 **Health/Nutrition**
- ☐ 567 **History, Frontier & Western**
- ☐ 566 **History, United States**
(Biographies of Presidents)
- ☐ 562 **History, World**
- ☐ **Home Economics**
(Areas _____)
- ☐ 600 **Humor**
- ☐ 160 **Occult and Supernatural**
- ☐ 732 **Poetry**
- ☐ 793 **Religion, LDS**
- ☐ **Religion**
(Denomination _____)
- ☐ **Science**
(Areas _____)
- ☐ 840 **Sports** (Includes Biographies)
- ☐ 864 **Travel, United States**
- ☐ 861 **Travel, World**
- ☐ 880 **War History**

My other reading interests are: _____

I do **NOT** wish to receive books that contain:

☐ Strong Language ☐ Violence ☐ Explicit description of sex

ELIGIBILITY AND CERTIFICATION REQUIREMENTS

If you are blind, have a visual disability, or have physical limitations, you must be certified by a "**competent authority**". A competent authority is defined to include doctors of medicine, doctors of osteopathy, ophthalmologists, optometrists, registered nurses, therapists, professional staff of hospitals, institutions, and public or welfare agencies (e.g. social workers, counselors, rehabilitation teachers and superintendents). The competent authority *may not* be a member of the applicant's family. In the absence of any of these, certification may be made by professional librarians or by any person whose competence under specific circumstances is acceptable to the Library of Congress. In order to receive service, the rest of this form must be completed by a competent authority as listed.

In case of reading disability from organic dysfunction, competent authority is defined as doctors of medicine or a doctor of osteopathy who may consult with colleagues in associated disciplines.

TO BE COMPLETED BY CERTIFYING AUTHORITY:

I certify that the applicant named below is unable to read or use standard printed materials for the reason(s) indicated below:

- ____ **BLINDNESS** Visual acuity of 20/200 or less in the better eye with correcting glasses, or the widest diameter of visual field subtending an angular distance no greater than 20 degrees.
- ____ **VISUAL DISABILITY** Inability to read standard printed material without aids or devices other than regular glasses.
- ____ **PHYSICAL DISABILITY** Inability to read or use standard printed material due to physical limitations, e.g. Muscular Dystrophy, Multiple Sclerosis, Cerebral Palsy, Parkinson's Disease, paralysis, missing arms or hands, extreme weakness.
- ____ **READING DISABILITY** Organic dysfunction of sufficient severity as to prevent reading printed material in a normal manner. **Requires an M.D. or D.O. signature for certification as defined above.**
- ____ **DEAF/BLIND** Visual acuity of 20/200 or less in the better eye with correcting glasses, or the widest diameter of visual field subtending an angular distance no greater than 20 degrees, and with a hearing impairment.

In addition to any of the conditions listed above, is there a hearing impairment?

____ **Moderate:** Some difficulty hearing and understanding speech.

____ **Profound:** Cannot hear or understand speech

****Note:** An original signature (not a signature stamp) by the certifying authority is required for certification. Faxes or copies of the certification are not acceptable.

Signature of Certifying Authority

Title or Occupation

Please Print

Name of Certifying Authority

Address

Date _____

Phone _____

Name: _____

SPECIAL RADIO RECEIVER

The library broadcasts portions of local newspapers and other programming on specially tuned radio receivers, which are available on loan. This broadcast is carried on sidebands of FM stations in Utah. Indicate below the FM radio station you can receive. The library will send the specially tuned receiver and a schedule of programming. Reception is currently limited to:

Wasatch Front from Ogden to Nephi: _____ **KBYU, 89.1 FM, Provo**

Cedar City/St. George area: _____ **KREC, 98.1 FM, Cedar City/St. George**

* * * *

NEWSLINE

Newsline offers individuals access to over 50 daily newspapers, including the Salt Lake Tribune and the Deseret Morning News, through a touch-tone phone. Patrons dial a toll-free number to access the system, which requires an ID number and security code to get to the menu of newspapers and articles. The voice is synthetic speech. If you would like to use Newsline, please check below:

_____ **Newsline (NWL8)**

* * * * *

HOW DID YOU HEAR ABOUT OUR SERVICE?

Please indicate below how you heard about our special library services:

_____ TV Spot	_____ Radio Spot	_____ Library Outreach Program
_____ Friend or Relative	_____ DSBVI Referral	_____ Doctor Referral
_____ School Referral	_____ Local Library Referral	_____ Other

* * * * *

TO RETURN COMPLETED APPLICATION FORM...

To return this application form to the library once it is completed and certified, please fold and secure so that the library's address (on the last sheet) is showing. **No postage is required.**

If you have any questions, please call:

Local:	(801) 715-6789 or TDD (801) 715-6721
Utah Toll free:	1-800-662-5540
Out of State Toll free:	1-800-453-4293

or access the library's website at: **<http://blindlibrary.utah.gov>**

Fold Here

**Free Matter for the Blind
and Disabled**

**Utah State Library f/t Blind & Disabled
250 North 1950 West Suite A
Salt Lake City UT 84116-7901**